STATE OF MARYLAND—	CERTIFICATE OF DEATH 01840
1. PLACE OF DEATH	92:00
County montgomery	Registration Dist. No. 216
Village or City Chevy Chade	No. 171 W. Bradby danke Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Wallacle of Bail	ley 2
(a) Residence: No. 3736 North author	Ward. Wash, J. L. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Fubruary (Month)  (Your Coar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Curville H. Hanovev	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) June 874-1863	I last saw h alive on, 19; death is seid
7. AGE 69 Years Months Days If LESS than	to heve occurred on the date stated above, atm.
8 3   1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, EMGEWEE R. R. SAWYER, BOOKKEEPER, etc.	myocaedis + milal 3743
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last worked at this exercision (control and the control and t	(natural carestes,
00 Data deceased last worked at this occupation (month and 1927 spant in this occupation 4034	Josep naid
1-1	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	acute Delaleleon Suanw
13. NAME Wallack # 13 culley 14. BIRTHPLACE (city or town) Va.	of maet
14. BIRTHPLACE (city or town) 500	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? A
I 15. MAIDEN NAME margarer Dallahow	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Wargard Sallahow  16. BIRTHPLACE (city or town)  (Stella or country)	Accident, suicide, or homicide?Dete of injury, 19
17. INFORMANT MIS J. L. Jull	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	u.
Place Elembook Cem Date 21/3, 1933.	Nature of injury
19. UNDERTAKER John 77 Wright Co- (Address 1337-10 Jak 87 MON)	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 2-11-, 19.33 Thomas (long)	(Signed) Thomas K. Comas M.D. M.D. (Address) 546 H. Com ave Chille, W.
If more blanks are needed, address State Registrar	2011 N. Charles Street Relaiman Property of S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook shotel, etc. For a person who had no occupation whatever write none.

To	be	complete.	an	occupation	return	must	state:

e complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

8.—Industry or business in which the work was done.

8.—The trade, profession, or particular kind of work done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death,-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1916 Attack of epilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01841
1. PLACE OF DEATH	122-8)
County Mylgo	Registration Dist. No. 2/7
	death occurred in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME / sursia Od alder	n.
(a) Residence: No. Down (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO,	21. DATE OF DEATH
OR DIVORCEO (write the word)	5 / 193 3
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of Paragraph (B) of description	22.   I HEREBY CERTIFY, That I ettended deceased from
0 1 12 1491	19.3.3 to 7.5 1.19.3.3
6. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Devs If LESS then	liest saw h. 23. alive on, 19.3.3.; death is seid
U I day bro	to heve occurred on the date stated ebove, et. 2 P. m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
38 6 /8° 104,mis.	were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	5
9. Industry or business in which	Januar number 17375
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decessed lest worked at this occupation (month end 1 / 1 / 2   spent in this / C / spent in this / spent in this / c / spent in this / c / spent in this / spent in this / spent in this / spent in t	
yeer) occupetion / 5 // 3 occupetion	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) 2214-	
(Stete or country)	Introlinal Obstuden 2/1/3.
13. NAME / Taker-  14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation Defractor Oate of 3/3
(State of Country)	What test confirmed diagnosis? Office Was there en eutopsy? Pro
15. MAIDEN NAME Julia Hodeing  16. BIRTHPLACE (city of town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Codner Valdeom	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	man,
Place acces Md Date Hel 1 1933	Neture of injury
Hand Hair	
19. UNOERTAKER (Address)	24. Was disease or injury in any wey related to occupetion of deceased?
7.15 28 / 10/2-1 0/21	(Signed) M. Di
20. FILEO JAK , 190 J. La , S. / Dannary Rejutrar.	(Address) and Stommen
If more blanks are needed, addre & Slate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		FECEN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The Physicians should state Exact statement of OCCUPA-RD. Every item of infor-

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

WITI

-WRITE PLAINLY.

N. B.

certificate.

See instructions on back of

mpertant.

TION is very

	CERTIFICATE OF DEATH 01842
1. PLACE OF DEATH	
County Mrul rower of	Registration Dist. No. 2
Williams or City But I Carl	
Village or City 13000 City (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. If of foreign birth? yrs, mos. ds.
SATUR 1 0-1/2	L. M. W. Chel Delong Bondo)
2. FULL NAME Still Down foelus (not	c rasy wig - seems seems
(a) Residence: No. R. A. B. H. Juyda	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DtVORCED (write the word)	Bafore Built on the 22 1933 ?  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	al But 19 to 7th 20 1933
6. DATE OF BIRTH (month, day, and year) to 2 2-/9 32	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
U U I dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2 Trade profession or particular	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
	4040-0
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	mother States the effacuated
(State or country)	we at may have been cause
13. NAME VIL POR ON - 120 all	Meet 1 Coslus
E Dia mia D	
13. NAME 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of operation Oate of
(State of County)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Selina Stord  16. BIRTHPLACE (city or town) Marker: Les Maryland	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Murth. Les In curland	Accident, suicide, or homicide? Oete of Injury, 19
	Where did injury occur?
Approx Ton 200	(Specify city or town, county and State)
17. INFORMANT OGNICAL AND	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) A A A BOYAS MA	••••••
Manda and Main Rall -	Manner of Injury
Place A Property (M. April 19 , 19	Nature of injury.
19. UNOERTAKER	24. Was disease or injury In any way related to occupation of deceesed?
(Address)	If so, specify
	7,105
20. FILED Feb. 23, 19 23 EW Whit.	(Signed) Wolfer M. O.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEAIROPH	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITI	ONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
his torlus	Evedouty des asthero- Poin of	
Feb. 227.1937	at 31/2 mg period of gestation.	
	1. Mesensoke 11'	I
	of its	

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	01843
PLACE OF DEATH	STATE OF MARYLAND
County Moulgamery.	CERTIFICATE OF DEATH
	Registration Dist. No. 2/6
Village or City Chevy Chase (No. 39	905-Oliver St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lavisa Alberta	Baswell stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White SINGLE?  MARRIED  WIDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH Jebruary 14, 1933
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
January 27 18/8	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at 12 2 m.
65 yrs. 0 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	( Sel sie moral it.
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(8)
which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Prince Georges by in	Contributory Secondary (Quration) yes mos ds.
TO NAME OF FATHER OF .	(Signed) Chur Sugge M. D.
11 BIDTHPI ACE	Thulf 1933 (Address) montint 19lay.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Charbeth Welliamsen	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER  OF MOTHER	ients or Recent Residents) At place In the
(State or Country) ( runch Georges Toly my	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st place of dca.h?
(Informant) Chas. 6. Boswell	Former or usual residence
(Address) 4446- Greenrich Oky A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/16, 1933
15 Filed Feb 14 1932 Deny C. Parry	20 UNDERTAKER ADDRESS
Filed 1960 1932 Cong C. Registras	alums N. Speare. 1623-Com my
If more b.anks are needed, addre.s htegistrar	, 16 W. Saratoga St., Basto., Lequesting V. S. No. 1.

1323-Guard. Bugge

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emer," etc., without more present of the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to c.ch and every person, irrespective cl Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), st\_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Montaomery	Registration Dist. No. 214
Village or City Sulvered April -	
7	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,	mos ds. How long in U.S. If of foreign birth?
2. FULL NAME / Gradley Will	cam !
(a) Residence: No. Linden & Sulver	Springe, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
" manual	(Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thal I attended deceased
(or) WIFE of Francis ann Fraskis Bus	esley Heb-18 19 & 3 to Test-18 19
6. DATE OF BIRTH (month, day, end yeer) 1872	I lest saw h alive on # 18 19 33 ; death
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 11: 45/m.
6/ ? 1 day, or rol	the Fairly as fallows: Or DEATH and related causes of importance
8. Trade, profession, or particular	Date of
SAWYER, BOOKKEEPER, etc.	Preumonia Cobales 2-
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation cocupation 12.	
7 Octobarion 2	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
~   0 . 10 .	- throne Myorarditio 19.
13. NAME Paraally	
I4. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Lyc. Limited Was there an autopsy?
15. MAIDEN NAME MAKENN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown  16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs / Muspy bradley	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Sundia Sulver Spring	
	* Manner of Injury
Menned I manke water	Notice of injury
19. UNDERTAKEN	24. Wes disease or injury In any way related to occupation of deceased?
(Address) If 6   Markly	If so, specify
20. FILED FUR 19 1933 JE Derdling	(Signed)
Della Regist	rar. (Address) Sursy A pring -

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	<b>亚丁美</b> D
Gallstones	May 1.1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL
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infor-

(Year)

Date of onset

Wes thera an autopsy?\_\_\_\_

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHISICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE ORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS-A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	pe	pe	of o
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STATE OF MARYLAND	CERTIFICATE OF DEATH 01845
1. PLACE OF DEATH	<u> </u>
County Montgonery	Registration Dist. No. 2/3
Village or City & edice	No. St., Ward
	os. As. How long in U. S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIOOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 2 - 17 1933, to 2 17 - 133
6. DATE OF BIRTH (month, day, and year) 2 - 17 - 33	I last saw h alive or slead 2-17, 1933; death is sald
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 2 4 m.
1 day, - Qhr:	THE I WHICH WE CHOSE OF DEVIL and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	dystocia ashipia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	In both comas -
O late deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Jeneca, Moj.  (State or country)	Other Contributary Causes of importance:
1 51 21 21	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIOEN NAME Tuby Haslungton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) The said Reduction (State or country)	Accident, suicide, or homicide?
17. INFORMANT Samy Clapper (Address) Tomberton May - A-2	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date , 19	Nature of injury
19. UNOERTAKER HANNY CLIFFER Mg - A- A	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 1972, 1933 mrs. W.J. Prace-	(Signed) Anthersburg M.D.
If more blanks are moded added Comp. D	NOLL CONTRACTOR OF THE PROPERTY OF THE PROPERT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ll l	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		No. on section a section	
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1,100

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	I	O	4	U

D.C.

1. PLACE OF DEATH	107.
County Montgomery	Registration Dist. No. 223
Village or City Takoma Park	Newashington Santarium Hospitalst, Ward
Length of residence in city or town where deeth occurredyrs	(If doubt occurred in a horbital or institution, give its NAME instead of street and number) mos. 1 ds. How long In U.S. if of foreign birth?yrs
(a) Residence: No. Santrerlat. Is and I st. Wash	Dags Ward Accolonged
(Usual place of abode)	M. CSt., Ward. Wash. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	
5a. If married, widowed, or divorced HUSBAND of a eneural Farray Colwall (or) WIFE of	22. I HEREBY CERTIFY That t attended deceased from
T 1950	t last saw hill elive on File 4 1933; deeth is sele
6. DATE OF BIRTH (month, day, and year) Used 13 /858 7. AGE Years Months Days   If LESS than	- 43 0
74 5 2\ ormin.	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, thanking clark in Sen	ate Franchofneumour
9. Industry or business in which work wes done, as SILK MILL, Saw MILL, BANK, etc	· //
T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
11. Total time (years) this occupation (month and year) 12/16/32 11. Total time (years) spent in this occupation 30	
12. BIRTHPLACE (city of town) Dennyam, N.y.	Other Contributory Causes of importance:
(State or country)	_ Where Delevorio
13. NAME My James Colwell  14. BIRTHPLACE (city or town) M. J.	X Hyperlencen
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	Whet test confirmed diagnosis? The pical take Was there en eutopsy? Me
Ĭ.	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or them)	Accident, suicide, or homicide?
17. INFORMANT Mrs Laberne Incher (Address) 15th Sty Rhade Island ave- Wash, D.C.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington Do Bete, Teb. 6 ,193	3. Neture of injury
19. UNDERTAKER S. H. H. H. W. (Address) 45 - 14 th St. M. W.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Feb 5 , 1933 A Spager Registrar.	(Signed) & N. Meso M. D. (Address) Washylow Souls & Special
If more blanks are needed address State Regist	To your N. Charles Street Beltimore Bennama 91 S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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letter under	Tress 3/29/33	
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supplied. AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state RD. Every item of infor-

of OCCUPA.

Exact statement

N. B.—WRITE PLAINLY, WIT

		CERTIFICATE OF DEATH 01847
1. PLACE OF DEATH		82.0
County Markgone	ry	Registration Dist. No. 276
Village or City Befles do	e d	No. Culturn CVESt; Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of	ccurred6_yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Cubern	C. Cosgro  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH  JEbruary  Month  Month  (Year)
5a. If marriad, widowed, or divorced 7 HUSBANG (Or) WIFE of William	D. Cosgran	22. I HEREBY CERTIFY. That I attended decaasad from July 9 19.37 to Feb 6 19.33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I last saw he alive on FEG 60, 1933; death is said to have occurred on the date stated above, at 1 P. m.
8. Trade, profession, or particular	3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate chanset
Kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last workad at this occupation (month and	secret	
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) Frederic (State ar country)	& County	Other Contributery Causes of importance:
# 13. NAME John R nu	hola	
(State or country)	gland	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rose and	~ Jaylor	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT C. R. nick	Jolo De	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place ALCAROMATOR	the Feb-9 h 33	Mannar of injury
19. UNOERTAKER Hillan + T	ries	Nature of Injury
(Addrass)	La mad	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	BIBEVILAR	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			1007 : TAR	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

JARGIN RESERVED FOR BINDING

V. S. No. 1

	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	185 UZ185
County // Columbia	Registration Dist. No.
Village or City dentilen, Autom	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mos.   ds How long in U. S. it of foreign birth?yrsmos
2. FULL NAME Sutchfield	Insant
(a) Residence: No. Linden helis	wasting Ward.
(Usfal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	VED. ord) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND ot	
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased tro
B. DATE OF BIRTH (month, day, and year) AAD 24-3	1 last saw h 22 alive on H 25 , 1933; death is sa
AGE Yaars Months Days If LESS	0 , 13.33
1 day, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of ones
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	Jakot Finania Brale 2-2
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at his securation (month and	
10. Data deceased last worked at this occupation (month and spant in this occupation occupation occupation occupation	
12. BIRTHPLACE (city or town) Sulen, Sulen ()	Other Centributery Causes of importance:
(State or country)	10 M
13. NAME Justified James fills 14. BIRTHPLACE (city or town) Lyonal States	911
(State or country)	Name of operations
	What test confirmed diagnosis? Zy Was there an autopsy?
13. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida? Date of injury, 19
17. INFORMANT Mayoric Brutinfield	Where did injury occur?  (Specify city or town, county and State)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Rundy Mindate 7 Feb 2	Manner of injury
9. UNDERTAKER Topille Olcom (Address) Sprange Shrunge med	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED - 1 2 4, 19 33 C83 armoles	(Signad) J. M. M.
Regist	ristrar, 2411 N. Charles Street Baltimare Requesting (1) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		& Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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V. S. No. 1

1. PLACE OF DEATH	53)
County Monlgomen	Registration Dist. No. 220
0 ,/	No. 703 Coursel Cive St. Wa f death occurred in a hospital or institution, give its NAME instead of street and oumber)
Length of rasidance in city or town where death occurredyrsmo	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Dr. D. E. Davens	ort
(a) Residence: No. 203 Carroll avel (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 15, 193 3. (Month) (Day) (Year)
a. If married, widowad, or divorcad HUSBAND of	
(OF) WIFE OF Cearl Hoyt-Davenport	22. I HEREBY CERTIFY, That I attanded deceased fr
DATE OF BIRTH (month, day, and year)	liast saw h in aliva on 7 15 19 33 : daath is a
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1.15 P.m.
46 8 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Ware as follows: Date of one
kind of work done, as SPINNER, hysician & Surgeon	Brain 1 umor 5-1-
9. Industry or business in which Provate Practice 1 work was dona, as SILK MILL, SAW MILL, BANK, atc	(Glioma)
10. Date daceased last worked at 11. Total time (years)	molignant glioma, left frontal loke.
this occupation (month and year) — this occupation 17.414	Cw&a.
2. BIRTHPLACE (City of town) Stewart	Othar Contributory Causes of importance:
(State or country)	
13. NAME John H. Davenport	, 0
14. BIRTHPLACE (city or town) Stewart	Name of operation Celerebral Exploration Date of 7-20-
(State or country)	What test confirmed diagnosis? Surgery Was there an autopsy?
15. MAIDEN NAME Rose J. Eldridge	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or towo, county and State)
7. INFORMANT Mrs Vearl Davenport (Address) 203 Carroll and	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Wash Memoral Carbate 2/18 , 1933	Natura of injury
9. UNDERTAKER AB New (Addrass) Wash De	24. Was disease or injury-in any way felated to occupation of dacaasad?
20. FILED 16 1933 HER Registrar.	(Signed) My Munican M (Address) Washington Santaring LA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: WANDS of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car, 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

infor-	state	UPA-	,
tem of	pluods	f OCC	
V. BWRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be parefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
SCORD.	PHYSI	act stat	-
INT RE	LY.	d. Ex	
RMANE	XACT	classifie	
S A PE	tated E	roperly	TION is very important. See instructions on back of certificate.
HIS I	be st	d ed	o jo
NK-T	plnods	it may	on back
DING 1	AGE	so that	ctions
UNFA	upplied.	terms,	e instru
WIT	efully s	in plain	nt. Se
INLY,	be car	EATR	importa
E PLAINI	should	OFD	s very
-WRIT	mation	CAUSE	TION i
ł. B.–			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2/3
Village or City Tales Korshwells	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  If ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH Hebruary 77, 193 3 (Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Can. 1, 1933	I lest sew hampalive on Tiel 33 death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a state of the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked et this occupation (month and spent in this	Intracrumul injun at Jan!, bists 1953
12. BIRTHPLACE (city or town) (State or country)  13. NAME	Dther Contributory Causes of Importance:
13. NAME Franklers Drugs  14. BIRTHPLACE (city or town)  (Stata or country)	Neme of operation 2200 Date of Thy West there an autopsy 2000
15. MAIDEN NAME Annie Jackson  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Annie Jackson Souris	23. If deeth wes due to external causes (VIQLENCE) fill in also tha following:  Accident, suicida, or homicida?
(Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Placa Director Park Date 4 3 3, 193 3	Menner of Injury
19. UNDERTAKER Wesley - Washington Co (Addrass) 2.05/3 Siorgia and MW	24. Wes disease or injury In any way related to occupation of deceasad? Lo
20. FILED 2/23 , 1933 Mus. 24. J. Pall- Registrar.	(Signed) Korfurille Inf

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Perilonilis	3 days ago
RUNDAU(V. S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	ue relle
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SDACE	FOR	PHIDTHED	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SPAUL	PUR	FURIHER	STATEMENTS	DI	LUISICIAN

V. S. No. 1

(Addrass)

1 01107 0		OF MARYLAND	CERTIFICATE OF DEATH 01850
1. PLACE O			(159)
County	Montgomer	4 County	Registration Dist. No. 2/3
	city Near Ro		No. St., Ward
		(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of res	sidenca in city or town where	daath occurred // te_yrs,mo	sds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NA	ME Nancy	Virginia Eator	7
(a) Resider	nce: No. R.F.D	2 Rockville M (Usual place of abode)	St., - Ward.  If nonresident give city or town and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Hebrery 5th, 193 3
5a. If married, widow		Single	(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended decaased from
			Heb. 5 192310 Heb. 5, 1933
6. DATE OF BIRTH	(month, day, and year)	eb. 5, 1933	I last saw hell aliva on 1933 death is said
7. AGE Yas	ars Months	Days If LESS than	to have occurred on the date stated above, atm.
		1 day, 4 hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
Z 8. Trade, profe	ession, or particular work done, as SPINNER.		Date of onset
SAWYER	R, BOOKKEEPER, etc		Tumalogely - 17 months
Industry or work wa	business in which is dona, as S1LK MILL, LL, BANK, etc		3 (6)
SAW MI	LL, BANK, etc sed last worked at	11 Total time (upper)	
this occu	pation (month and	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (ci	ity or town) Rosku	illa Md.	Other Contributory Cases of importance:
(State or cou		D = 2	
13. NAME	Henry Eat	201	
13. NAME	E (city or town) Ten	nessee	Name of operation Oate of
(Stata or	r country)	* ************************************	What test confirmed diagnosis? They of the Was there an autopsy? Ho
15. MAIDEN NA	ME Leona	Maybell Stevens	
15. MAIDEN NA		7	Accident, sulcida, or homicide?Oata of Injury19
		nessee	Where did injury occur?
17. INFORMANT (Addrass)			Specify whather injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	monte tel. 7. 1933	Manner of injury
19. UNDERTAKER	Warner	Turnshrey	24. Was diseasa or injury In any way related to occupation of daceased?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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. Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- VESTINED -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

TION is

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 01851
1. PLACE OF DEATH	93-0
County Montgomercy	Registration Dist. No. 214
Village or City near Sux Turns  Length of residence in city or town where death occurred yes.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Deene Guana	
(a) Residence: No. Mar Burnt Mills (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married wildward or diversed	(Month)/ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
unknown	Feb, 12 1933 10 Feb., 15 1933
6. DATE OF BIRTH (month, day, end year) - 1876	I last saw han elive on Feb. 14, 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
56 ?   day,h	THE TRINGS OF CEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER,	Oate of onset
SAWYER, BOOKKEEPER, etc.	- Tuplined Cerebral versal 205/3
9. Industry or business in which work was done, es SILK MILL,	173
ID. Date deceased last worked at this occupation (month and year)	Chronic myocarditis Duration: 10 years.
Joseph Company	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	aut Bronehilin 2/10/3
13. NAME	- Myssardilin 1 131
	1/2
(Stete or country)	Name of operation Date of
15. MAIDEN NAME SONO BOTTAL	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town).  (Stete or country)	Accident, suicide, or homicide?
0 8	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT Mason Serving (Address) Burnt Mills Mills	Specify whether injury occurred in (NDOSTRT, IN NOME, OF IN POOLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the Church Come Oate Feb. 16, 193	3 Nature of injury
19. UNDERTAKER LEGALITATION & Pumply	24. Was disease or injury in any way related to occupation of deceased?
(Address) Kockerale, ml. 5	If so, specify
20. FILED 2/17/3 3, 19 35. Windley Registrar.	(Signed) M.D. (Address) 9412 Aug. Gave:
If more blanks are needed, address State Registr	ar, 2421 N. Charles Street, Baltimore, Requesting V. 5 No. 10 thring, MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-,		

214

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DE	ATII
STATE OF MARTLAND—CERTIFICATE OF DE	AIH
EATH Moulgomery	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01852
1. PLACE OF DEATH YHOM any 18 57	(3)
County 25 Syarmore Que	Registration Dist. No. 223
Village or City Lakoma. Bark.	No. 35 Dycamore age Ward
Length of residence in city or town where death occurred Life yrs. 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME Joseph Benj. Frankum	la:
(a) Residence: No. 35 Syachnore avel	St. Ward.
(Usual place of abode)	If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
male white Single	(Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	22. HEREBY CERTIFY Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 18- 1933	I last saw h Assa elive on Test 183 : death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 6:450 m.
3   1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importence
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	Veriussis 2/15/3
Work was done, as SILK MILL, SAW MILL, BANK, etc	/ /
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) A f chashingland	Other Coutributory Causes of Importance:
(State or country) Le	Froncho Preumonia 2/1/3
I O Grandence	
(State or country)	Name of operation Date of What test confirmed diagnosis? Bland exam Was there en autopsy?
I 15. MAIDEN NAME annie Roebuck	What test confirmed diagnosis? Deva Syam Was there en eutopsy? 23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Whera did injury occur?
17. INFORMANT Joseph Frankein (Address) 35 - Slymon George	(Specify of town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Mashington D. Date 116.2 (,1933	Nature of injury
19. UNDERTAKER S. Ad. Shines la.  (Address), 2901-111	24. Was disease or Injury in any way related to occupation of deceesed?
20. FILEO 4/18/3319 %. E. Rogers. Registrar.	(Signed) Muwood Decycle M. O.  (Address) A A C L A C C C C C C C C C C C C C C C
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

		r MAK	YLAND-	CERTIFICATE OF DEATH	853
1. PLACE OF DE				82-0	
County Mon	Lamarey	k		Registration Dist. No. 21	3
Village or City			(1	No. St.,  death occurred in a hospital or institution, give its NAME instead of street and to the street and th	
2. FULL NAME (a) Residence: No.	J. Clar	Do Ho	elaher	St.,Ward.	
PERSONAL A				If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COL	OR OR RACE	S. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Brueary 25	, 193 3 (Year)
5a. If marriad, widowed, or di HUSBAND of		galled	اعد	22. 1 HEREBY CERTIFY, That I attended	daceased fro
6. DATE OF BIRTH (month, of 7. AGE Yaars	Months	Days, 1	If LESS than 1 day,hrs.	to have occurred on the data stated abova, at	daath is sal
8. Trada, profassion, or kind of work don SAWYER, BDDKK Industry or businass work was dona, a SAW MILL, BANK 10, Data dacaased last whis occupation (in this occupatio	a, as SPINNER, EEPER, atc in which	Retu	cad	Cerebral he-workege will	Date of onse
10. Data dacassed last w this occupation (n year)	orkad at nonth and	Sp6	time (years) ent In this upation	Other Contributory Causes of Importence:	
(Stata or country)	virgini	۰		Cumana, again	man
13. NAME  14. BIRTHPLACE (city or (State or country)		Lachar		Neme of operation Data of Data of	Jes
15. MAIDEN NAME Clinabeth Condo			ado.	What test confirmed diagnosis  23. If daath wes dua to external causes (VIOL ENCE) fill In also the following:  Accident, suicida, or homicida?	
16. BIRTHPLACE (city or (State or country)  17. INFORMANT (Address)		L. Hos	ward	Whara did injury occur?  (Specify city or town, county and State Specify whether injury occurred in IND STRY, In HOME, or In PUBLIC PLA	e)
18. BURIAL, GREMATION, OR Place Darries		det algar	:27 <sup>1</sup> / <sub>1933</sub>	Mannar of injury	
19. UNDERTAKER (Address)	Deville.	mark	Bahd	24. Was disease or Injury In any way ralated to occupation of deceased?	no.
20. FILED 2/27	, 1933 mm	1.15.1.	Registrar.	(Signed) La Synthesis Madages (Addrass) Mathematical Math	M

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		laskiso2M	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			}

V. S. No. 1

1. PLACE OF DEATH  County  Registration Dist. No.  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street at Langth of residence In city or town where death occurred. 4 yrs, mos. ds. How long in U. S. If of foreign birth?  2. FULL NAME  Charles Henry  Slivery			
Village or City Selection St., (If death occurred in a horpital or institution, give its NAME instead of street at Langth of residence in city or town where death occurred yers, mos. ds. How long in U.S. If of foreign birth? yrs.	nd number)		
(If death occurred in a horpital or institution, give its NAME instead of street at Langth of residence in city or town where death occurred	nd number)		
Langth of residence In city or town where death occurred 4 yrs,			
The and the and the and the angle of the ang			
(a) Residence: No. 8783 Fairmer St. Ward.			
(Usual place of abode) If nonresident give city or town a	The same of the sa		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH  3. SEX 4. COLOR OR RACE   S. SINGLE MARRIED WIDOWED   21 DATE OF DEATH			
Feb. (Month) (Day)	, 193 🚄 (Year)		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Gleen Gulise Hlines  22.   HEREBY CERTIFY, That I ettand	ed deceasad from		
6. DATE OF BIRTH (month, day, and yeer) Trov 28, 1867   I last saw h alive on 19	; death is sald		
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	= ==		
were as follows:	Date of onset		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME	2		
14. BIRTHPLACE (city or town) Neme of operation Date of (State or country) What test confirmed diagnosis? Was there a			
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. MAIDEN NAME  18. MAIDEN NAME  18. BIRTHPLACE (city or town) (Stete or country)  18. MAIDEN NAME  23. If deeth was due to external causes (VIOLENCE) fill in also the follow Accidant, suicida, or homicida?  Whara did injury occur?  (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	ring:		
(Address) Silver Spring hid  18. BURIAL, CREMATION, OR REMOVAL  Manually			
Place O shtabula Ohio pale the 9			
19. UNDERTAKER Warner & Curry hucy  (Addrass) Rockaille many lund.  19. UNDERTAKER Was disees or injury in any way releted to occupation of deceased?  If so, specify	<i>Q</i>		
20. FILED	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

H	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921 Run over by street car		1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(1855</u>
County Montg	Registration Dist. No. 2/2
Village or City Sellwhy	No. St, Ward
Length of residence in city or town where deeth occurred 67 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Eliza Elizabeth 7	Lallman
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR DIVORGED (write the word)	21. DATE OF DEATH 2 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hallway	22. I HEREBY CERTIFY. The I attended defeesed from
6. DATE OF BIRTH (month, day, and year) Oct 1865	l'ast sew haralive on the 2 4 ,1932; death is said
7. AGE Years Months Days It LESS than 1 day,hrs.	to have occurred on the dato stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were es follows:  Date of onset
Nind of work done, as SPINNER. A war work SAWYER, BOOKKEEPER, etc.	1932
9 Industry or business in which work wes done, as SILK MILL,	7777
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and spent in this / Court	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Parasvell (Stete or country)	Other Contributors Causes of Importances Cholesthiasis Michael
2 13. NAME Vulnywy	
13. NAME Company  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Suson Holmes  16. BIRTHPLACE (city or town) Pursyoll	23. If death was due to external causes (VIOLENCE) fill In also the following:
S (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT James Hallway (Address) Hallway med	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece My Jim Date \$5,1937	Neture of Injury
19. UNDERTAKER Clarker Hours (Address) Prosper	24. Was disease er injury in any way related to occupation of deceased?
20. FILED Fet: 4, 1933 Mr. Clay It Wilton	(Signed) Sw. White M. D.  (Address) Evolutil Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 3	1921	Run over by street car	1 week ago	
Cerebral hemarchage	July 5, 1937	Peritonitis	3 days ago	
MAR 2 1933				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1

TION is

CAUSE

(a) Residence: No.

5a. If married, widowed, or divorced

6. DATE OF BIRTH (modth, day, and yeer)

8 6

8. Trade, profession, or perticular

Industry or business In which

10. Dete deceased lest worked et this occupation (month end

14. BIRTHPLACE (city or town)

(State or country)

12. BIRTHPLACE (city or town) (Stale or country)

15. MAIDEN NAME

(Address) 18. BURIAL, CREMATION

(Address)

19 UNDERTAKER

20. FILED \_\_ /

16. BIRTHPLACE (city (State or country)

kind of work done, es SPINNER.

SAWYER, BOOKKEEPER, etc.

work was done, as SILK MILL, SAW MILL, BANK, etc.

Years

(or) WIFE of

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

PERSONAL AND STATISTICAL PARTICULARS

Months

3

4. COLOR OR RACE

If LESS th

1940

Registrar.

I day....

or ..... min

11. Totel time (years)
spent in this
occupetion \_\_\_\_\_\_

5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wo

OM

10	-0	4	2	C
U	1	0	J	1)

Registratio	n Dist. No	223
No. Washington Sayite feeth occurred in a hospital prinstitution, give its NAN s // .ds. How long in U.S. if of foreign birth?	AVIUMYS ME instead of stree yrs.	t and humber) mos. ds.
st, Ward. South Ova u		
MEDICAL CERTIFICAT		
21. DATE OF DEATH  February  (Month)	\$ 18 (Day)	, 193 3 (Year)
22. I HEREBY CERTIF Sept. 7. 1932, to 7 I lest saw Leron elive on Feb.	FY. That I ette	1933.
to have occurred on the date stated ebove, at		, ucani is said
The PRINCIPAL CAUSE OF DEATH end related cal were as follows:	uses of importance	Date of onset
Carcinomales	& Lung	Dec. 1931
Other Contributory Causes of importence:		
Neme of operation		
23. If deeth wes due to externel ceuses (VIOLENCE) Accident, suicide, or homicide?	fill in also the fol	lowing:

Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

Manner of Injur

Neture of injury 24. Wes disease or Injury In env

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ( )	3 days ago
		little de la laction de laction de laction de laction de la laction de laction de laction de laction de laction de la laction de lact	
Other contributory causes of importance:	A CONTRACTOR	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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20, FILED F

STATE OF MARYLAND	CERTIFICATE OF DEATH 01857
1. PLACE OF DEATH	82-0
County Unily	Registration Dist. No. 2/7
m ol-	and the second s
Village or City / / only outly (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME SETURO SIM	Howard
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TEL 2/ 1933 (Month) (Oay) (Year)
5th If married, widowed, or divorced HUSBANO of (or) WIFE of Homas B. Howard	22. I HEREBY CERTIFY, That I attended deceased from Sect. 14 1933 to File 27. 1933
6. DATE OF BIRTH (month, day, end year)	I last saw here alive on Field 19. 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 2
73 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Were as Tollows: Arresio-Selesono Date of onset
kind of work done, as SPINNER, Jour was	Cerebral Germonlesso
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceesed last worked at this occupation (month and	+ Several paralysis
10. Oate decesed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Manyland (State or country)	Other Contributory Causes of Importance:
13. NAME William Bult	
14. BIRTHPLACE (city or town) — Maryland	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Strivard	23. if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  Steward  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?
17 INFORMANT Miss Nyrella Howard (daughter (Address)	(Specify or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place Daylouvelle - Md Oate TEB 2 2, 1933.	Nature of Injury
19. UNDERTAKER DM. Prubu Pumplury	24. Was disease or injury in any way related to occupation of deceased? . 170
(Address) To develle This -	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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20. FILED 2/10

	MARYLAND-	CERTIFICATE OF DEATH	01858
1. PLACE OF DEATH		(3.E)	
County Moulgoneer	1	Registration Dist. No.	13
Village or City Speffing Lalf		Kinocle rud R.F.D #3. St.	Ward
Length of rasidanca in city or town where daath	0	death occurred in a hospital or institution, give its NAME instead of street and ds. How tong in U.S. if of foreign birth?	
m. 50	. 14/7/2		103
2. FULL NAME /// ary	gabille souf	fruan	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH 8 1 (Month) (Day)	, 193.3 (Year)
5a. If marriad, widowad or diverced HUSBAND of (or) WIFE of John M. That	Luca decesso	22. I HEREBY CERTIFY. That t attended	
40	1 2 1857	, 15, 10	; death is seld
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12.050 m.	, 00011113 3011
76	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:	,
8. Trada, profassion, or particular	/ 01	were as rollows:	Date of onse
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	ruse- Evork.	Ceretral Hemowhage	726.7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		/	
SAW MILL, BANK, etc	11. Total time (years)	-	
O this occupation (month and yeer)	spant in this 59		
Poli	110 7/2:1.	Other Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town)	al organia	Anterior election	10-42
I 13. NAME Solen	Tielips	Why condit chronia	Du
E / m:	a orre ne	Name of operation	Zung
14. BIRTHPLACE (city or town) (Stata or country)		00.00	autopsy?2c
15. MAIDEN NAME Kulia	There,	23. If death was due to external causas (VIDL ENCE) fill in also the followin	
15. MAIDEN NAME Lulia  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	unstracia	Accident, sulcide, or homicide? Date of injury	
* (Stata or country)		Whera did injury occur?	
17. INFORMANT 1800 - 13 4 5 8	4 w Washington	(Specify city or town, county and Sta Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL CREMATION, DR REMOVAL	no e	Mannar of Injury	
Place Mf. Jun - Stelles da	Date Tro 10, 1933	Natura of Injury	
19. UNDERTAKER Um. Prubry (Addrass) Po physika	Tempolicey .	24. Was disease or injury in any way ralated to occupation of daceased?	Zeo.
2/	21 7 0	(Signed) Herry & Brown	

Registrar.

(Signed)

(Address) .

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples.

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 d = 10 m	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### STATE OF MARYLAND—CERTIFICATE OF DEATH 01859 should state OCCUPA-1. PLACE OF DEATH item of Village or City Leas Length of residence In city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Davs If LESS than Months 1 day, .... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..\_\_\_\_ OCCUPATION Jo back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc...... See instructions on 10. Date deceesed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation \_\_ 12. BIRTHPLACE (city or town) \_\_ Z (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or tow (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) CAUSE O 18. BURIAL, CREMATION, OR REMOVAL -WRITE 19. UNDERTAKER (Signed). (Address) . Registrar.

Uf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

93.0			
	Registration D	ist. No. 2	18
No.		St.	Ward
ath occurred in a hospital or institu		instead of street and	number)
4ds. How long in U.S. if o	f foreign birth?	yrsm	osds.
nson			
_St.,Ward.	If nonresident gi	ve city or town and	State
MEDICAL C	ERTIFICATE	OF DEATH	
1. DATE OF DEATH	WI!	111	3
	(Month)	(Day)	(Year)
2. I HERENY	CERTIFY	hat I Mended	deceased from
10 x10	, 19 3 J. to X	sh 4	, 19. 7. 7
I last saw h_ Walive on	14-4-	19 6	Teath Is said
to have occurred on the date state	ed above, at	m.	
The PRINCIPAL CAUSE OF DEAT were as follows:	IH and related causes	of importance	Date of onset
A //	7	<u></u>	Date of onset
Chrone	& my	(ocarb	les
	J		
			15 Ta.
Other Contributory Causes of Impo	ortance:	••••••	
	ortanee.		
Name of operation		Date of	
What test confirmed diagnosis?			
3. If death was due to external cau	uses (VIOLENCE) fill	in elso the following	:
Accident, suicide, or homicide?	Da Da	ate of injury	, 19
Where did injury occur?			
Specify whether Injury occurred in	n INDUSTRY, in HOM	ewn, county and Sta E, or in PUBLIC PL	ACE.
Manner of Injury			
Nature of injury			
24. Was disease or injury in any w	ay Mated to occupat	depeased?	40
If so, specify SX	ley let	Nort	ate and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVE	31		
Other contributory causes of importance: 1933		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Nouge U.	8.		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1072
County Montgomery	Registration Dist. No. 218
Village or City Callersbury	No. St, Ward
Length of residence in city or town where deeth occurredvis	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In-U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Herbert Large	Samellowan
Continue of the second	The work of the same of the sa
(a) Residence: No. (Usual place of about	St., Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colord Single	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY that attended deceased from
6. DATE OF BIRTH (month, day, end yeer) March 11, 1932	I last saw h alive on 19.38 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
// /6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade profession or particular	Osequescasea 0 27/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brancha pneumanial cursos
Note that the second se	0
	-
O 10 Dato deceesed last worked at this occupation (month end year) this occupation this occupation	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	
13. NAME Roland Sengel	
14. BIRTHPLACE (city or town) Programmed (State or country)	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) 200	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Mayland	Accident, sulcide, or homicide?
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT Pella Johnson	Specify whether injory occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place 2004 Dollar Date March 2 933	Manner of injury
BOY LONG.	Neture of injury
19. UNDERTAKER  (Address)  (Address)	24. Was disease or injury in any way related to occupetion of deceased?
The state of the s	(Signed) Seedell Constitution
20. FILED March 1, 1933 Racket To Elekean	(Address)
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
of importance were as follows:	te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage July July July July July July July July	ly5,1927	Perilonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Me	ay 1,1923	Gastroenteritis	1 year
			1-4.

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-N. B.-WRITE PLAINLY, WITH

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 211
Village or City Mr. Glarksburg md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Kobert Edward John	con
(a) Residence: No.	St,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DLYQRCED (refrice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 12. 1933. to Feb. 14. 1933.
6. DATE OF BIRTH (month, day, and year) Fleb. 7, 1871	I last saw h Longalive on Flet 13 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.4 m.
62 0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were autollows:
8 Trade profession or particular	For Preumonia 4 day 290
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, Glerk in mill  Nork was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation 20 41.	
12. BIRTHPLACE (city or town) - Ellisott City	Other Contributory Causes of importance:
(State or country)	6 rome Endocarditio Unknown & m
13. NAME William Johnson	
13. NAME Villam Johnson  14. BIRTHPLACE (city or town). Clarksville.	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Martha Referea Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Referea Williams 16. BIRTHPLACE (city or town) Wz. Gedar Grove	Accident, suicide, or homicide? Date of injury, 19
(State or country) md.	Where did injury occur?
17. INFORMANT Mrs. Emma Johnson Mulling (Address) P. D. Clark Strug md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Johns Cerelly Date Job-16, 1933	Nature of injury
19. UNDERTAKER J. Beall One.	24. Was disease or injury in any way related to occupation of deceased? Ho
(Addiess) Damaseus ma	If so, specify
20. FILED Feb 16, 1933 Della W. Burdette Deht, Registrar.	(Signed) Leave M Doyer M. D.  (Address) Damaseus Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	Land Ro
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS ORD. Every Exact statement INK-THIS IS A PERMANENT R stated BXACTLY. MARGIN RESERVED FOR BINDING properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may UNFADING supplied. mation should be carefully

should state of OCCUPAitem of infor-

certificate. 7

See instructions on back of

very important.

TION is

B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Montgomery	Registration Dist. No. 2/3
Village or City Rockwilly	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of toreign birth?yrsds.
A 1. O	
2. FULL NAME Cornelius Joy	01 100-1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STRGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  Lorinary 13 193 2  (Month) (Bey) (Yest)
5a. If married, widowed or divorced HUSBAND ot (or) WIFE of Elizabeth Jory	22. I HEREBY CERTIFY, That t attended deceased trom  13,19,33,10
6. DATE OF BIRTH (month, day, end year)	I last saw h she on arrival 19 ; death Is seid
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
/3   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. Laborer ()	ereviol apopleyon sudden
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	/
DD Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4.0	
	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Selevio Aderoses
W 13. NAME John Jon	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anknown	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Pobert Jon (Address) 120 918. Cabital Wash, D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 18 Should Date 761, 16, 1933.	Nature of Injury
19. UNDERTAKER LEO Republica (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2/16 1933 Mrs. N. J. Pract	(Signed) In Vitarife M.D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BY	PHYSICIAN	
ľ	3Y	BY PHYSICIAN

A CONTRACTOR OF THE STREET	

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYL	AND—CERTIFIC	ATE	OF	DEA	TH
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01863

1. PLACE OF DEATH	10.9/- %
County Montgomery	Registration Dist. No. 2/3
	No. St., Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Elizabeth Jan	
(a) Residence: ND.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  Colored  S. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (rurite the word)  Nordonaed	21. DATE OF DEATH 765. 16 (Dey) 193 3 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Joy	22. I HEREBY CERTIFY, That I ettended deceased from  19 19 19 19 19 19 19 19 19 19 19 19 19 1
7. AGE Years Months Deys If LESS then 1 dey,hrs. ormin.	to heve occurred on the date stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, es SUL K MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked et this occupetion (month and yeer)  12. BIRTHPLACE (city or town)	Likely from licitory offaces.  From neighbors)  Bronche-fraeumonia. Curso?  Dither Contributory Causes of importence:
(State or country)  13. NAME  T  13. NAME  Amusel Cole	Neme of operation Dete of
4 14. BIRTHPLACE (city or town)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elizabeth Cole 16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Park will  Dete 7-cb., 20, 1932	23. If death wes due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
19. UNDERTAKER GEO BARONGERY (Address)  20. FILED Yrv., 1332 ms. W.J. Registrar.	24. Was disease or Injury in any wey related to occupation of deceesed?  If so, specify  (Signed)  (Address)  M. E.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	PART I WAR	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	COUR ACCUSE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			THE STATE OF THE	
Other contributory causes of importance:		Other contributory cau	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

County Morthy Managery Registration Dist. No. 2 / 4 Ward  Village or City July Managery Registration Dist. No. 2 / 4 Ward  Length of residence in city or town where death occurred 2 fe yes, mon. 6s. How long in U. S. II of loreign birth? Yes. Mon. 6s. How long in U. S. II of loreign birth? Yes. All of long in U. S. II of loreign birth? Yes. Mon. 6s. How long in U. S. II of loreign birth? Yes. All of long in U. S. II of loreign birth? Yes. Ward of long in U. S. II of loreign birth? Yes. II of loreign birth? Yes	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1218)
Village or City.  Length of residence in city or town where death occurred. 2. 6. 75. 75. 10. 10. 10 foreign birth?  Length of residence in city or town where death occurred. 2. 6. 75. 10. 10. 10 foreign birth?  2. FULL NAME  (a) Residence: No.  (Juni piace of shock of City or town)  (Juni piace of shock of City or town)  (Juni piace of shock of City or town)  3. SEX  4. COLOR OR RACE  (BOYONGED Committee wood)  (BOYONGED Committee wood)  (BOYONGED Committee wood)  (Corp.) WIELD  2. DATE OF BIRTH (month, day, and year)  1. SEX  (A) COLOR OR RACE  (BOYONGED Committee wood)  2. DATE OF BIRTH (month, day, and year)  2. LI HE RE BY CERTIFY, That I attended deceased from the wood of word dome as Shift will be a wood of word dome as Shift will be a wood of word dome as Shift will be word was done, as Shift will be word was d		0 100
Length of residence in city or lown where death occurred . 2 9, yrs		No.
Length of residence in city or town where death occurred. 2. 6. 19. 5		
(Justiplaced abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCES (unive the word) OR DIVORCES (unive	Length of residence in city or town where death occurred	ds. How long in U.S. iI of Toreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Carriet by word) 5a. If married, widowed, or divorced HUSAND of (Oay) 5a. If married, widowed, or divorced HUSAND of (Oay) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 8. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done, as SFINKER, Survey or min. 9. S. Trade, profession, or particular kind of work done,	(a) Residence: No. Silver Inning and.	
Sa. If married, witdowed, or divorced HUSBAND (Month) (Day) 193  (Rearried Witdowed, or divorced HUSBAND (Month) (Day) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERSONAL AND STATISTICAL PARTICULARS	
Sa. If married, widowed, or divorced HUSBAND CERT IFY. That I attended deceased from HUSBAND CERT IFY. That I attended deceased from the state of th	OR DIVORCED (write the word)	Feb. 18 193-3
(er). WIEE at Clear Control (er). WIEE at Clear	5a. If married, widowed, or divorced	(,)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than  I day, hrs. or min.  8. Trade, profession, or particular wind of work done as SPINNER. SAWER, BONKEPER, etc.  10. Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of the date stated above, at. 2.22 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one of		
7. AGE Years Months Days IILESS than 1 day, into the date stated above, at 2 3 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one as SPINKER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was a silk occupation.  Other Cantributery Causes of importance:  Other Cantributery Causes of importance:  Other Cantributery Causes of importance:  What test confirmed diagnosis? Application was there an autopsy? Industry of the silk was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19 where did injury occur?  Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER (W. Application of decessed? 10 occupation of decessed? 11 occupation of decessed? 12 occupation of decessed? 13 occupation of decessed? 14 occupation of decessed? 15 occupation of decessed? 15 occupation of decessed? 15 occupation of decessed? 16 occupation of decessed? 16 occupation of decessed? 16 occupation of decessed? 17 occupation of decessed? 18 occupation of decessed? 19 occupation occupation occupation occupati	6 DATE OF DIDTH (month day and ward) Rent 11/2 1684	/
State or country    Specify city or town    State or country    Specify city or town    State or country    Specify city or town, country and State    Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   Specify city or town, country and State    Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   Specify city or town, country and state    Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   Spe		
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BDOKKEPER, PINER, SAWYER, BDOKKEPER, PINER, SAWYER, BDOKKEPER, PINER, SAWYER, BDOKKEPER, PINER, SAW MILL, SAW MILL, BANK, SILK MILL, SAW MI		The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place ADDRESS ADDR	8 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place ADDRESS ADDR	SAWYER, BOOKKEEPER, etc. Lalve	John Bremoning
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (U) (Address)  20. FILED  12. BIRTHPLACE (city or town) (State or country)  Other Castributory Causes of importance:  Other Castributory Causes of imp	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (U) (Address)  20. FILED  12. BIRTHPLACE (city or town) (State or country)  Other Castributory Causes of importance:  Other Castributory Causes of imp	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL Place FORM (LORE)  19. UNDERTAKER (W. Marwall Mark) (Address)  19. UNDERTAKER (W. Marwall Marwall Mark) (Address)  10. FILED.  11. MAME  12. INFORMANT (State or country)  12. Was disease or injury in any way related to occupation of deceased?  18. Or specify (Signed)  19. UNDERTAKER (W. Marwall Mark) (Signed)  19. UNDERTAKER (W. Marwall Marwall Mark) (Signed)  19. UNDERTAKER (W. Marwall	Shauf III (III)	
13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   18. BURIAL, CREMATION, OR REMOVAL   19. Where did injury   19. Was disease or injury   19. Was disease   19. Was	12 BIRTHPLACE (city of lown) Colemille	Other Cantributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? We was the was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?		
What test confirmed diagnosis? Was there an autopsy? We 15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place 1014 PLACE (Address)  19. UNDERTAKER PLACE (Address)  19. UNDERTAKER PLACE (Address)  10. What test confirmed diagnosis? Manner of linjury (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  19. UNDERTAKER PLACE (Address)  18. Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER PLACE (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify (Signed)  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury  19. Was disease or injury in any way related to occupation of deceased?  19. Specify  19. Was disease or injury in any way related to occupation of deceased?	13. NAME Joseph H. Kelley	
What test confirmed diagnosis? Was there an autopsy? We was the was due to external causes (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Manner of Injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?  (Signed) We was the cause of injury in any way related to occupation of deceased?	14. BIRTHPEACE (city or town)	Name of operation Date of
Accident, suicide, or homicide? Date of injury, 19  17. INFORMANT Clause (City or town, county and State)  18. BURIAL, CREMATION, OR REMOVAL Place 12, 1933  19. UNDERTAKER CW Manual Methodist Manual (Address)  20. FILED 2433, 193 56-bandlure (Signed) (Signed) (Signed) (Signed) M. D. (Signed) M. D.	(State of country)	What test confirmed diagnosis? Quantitative Was there an autopsy? 100
Accident, suicide, or homicide? Date of injury	15. MAIDEN NAME Until Name	23. Il death was due to external causes (VIDLENCE) fill in also the following:
Where did injury occur?  17. INFORMANT Remove Kelley  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place 1994 Hope State Date  19. UNDERTAKER LU SANGUAL Kellevilly MA  20. FILED 1943, 193 - Landlux (Signed)  Where did injury occur?  (Specify city or town, county and State)  Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  M. D.  More did injury occurr?  (Specify city or town, county and State)  Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  (Signed)  M. D.  M. D.	5 16. BIRTHPLACE (city or town) und mount	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Church Date (1933)  19. UNDERTAKER (W. Saya with Mark Mark Mark Mark Mark Mark Mark Mark	(State or country)	
18. BURIAL, CREMATION, OR REMOVAL  Place GODY WILL Date  19. UNDERTAKER GW SMOWNER MACHINE MA  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specily  (Signed)  (Signed)  Manner of injury  Nature of injury  (Signed)  M. D.  Manner of injury  (Signed)  M. D.  M. D.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place GOTA I OF I MILE Date 22 (, 19.33 Nature of injury 19. UNDERTAKER GW SM WALL AFTER OF MAN (Address) 19. UNDERTAKER GW SM WALL AFTER OF MAN (Signed) (Signed) M. D. (Signed) M. D. (Signed) M. D. (Signed) M. D. M.		Manage of Letters
19. UNDERTAKER LW Sapawates for the first section of deceased?  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specily  (Signed)  (Signed)  M. D	Carlo and Millerdest Course	
20. FILED 1/21/33, 193 7 E. Walley . (Signed) A Marion Functional M. D	19. UNDERTAKER SU SONOWALL SA	24. Was disease or injury in any way related to occupation of deceased? 43
	20. FILED 2/21/33, 193 TE bankluss.	(Signed) A Marion Sunthood M. D.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8,-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11,—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite ternis as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk, maclinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication niode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

			Section 1	
I year	Other contributory causes of importance:	8261,1 J.M	her contributory causes of importance:	
	RECENTED			
obn shop g	Peritonitis Peritonitis	LEGI'Ghanf	Corebral henwrituge	
I meek ago	Kun over dy street car	1261	Chronic interstitial nephritis	
date of onset ago	The principal cause of death and related causes of importance were as follows:	192no 10 eled	The principal cause of death and related causes of importance were as follows: Arteriosclerosis	
	Example II		Example 1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-IS A PERMANSITY. PHYSICIAMS stated EXACTLY. PHYSICIAMS FOR BINDING TIGN Is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, WIT

V. S. No. 1

1. PLACE OF DEATH	Was 187
County months omery	Registration Dist. No. 2/2
Village or City Alisableson	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance In city or town where death occurred 37 yrsmos.	/ Lo ds. How long In U.S. if of foreign birth?yrsmos. ds.
2. FULL NAME TENTGIA Whiles	rburg
(a) Residence: ND. Dickerswy, McC (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) FILATRICOL	21. DATE OF DEATH  TELY  (Month)  (Day)  (Year)
5a. If married, wildowed, or divorced HUSBAND of Thomas Kirkleysburg	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MAO H CAS 11-1893	Hast saw her alive on Thuy 27. 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at 1.30 Pm.
39 // // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased last worked at this occupation (month and month).	Double buth 2/23
9. Industry or business in which work was done, as SILK MILL, Own Frame SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and 1/23/33 spent in this year)	
year) Jesupation Pro-	Othor Coatributory Causes of importances  Brushon Polymorian 2/2
12. BIRTHPLACE (city or town) (State or country)	Coverno mellomorno 1/4
13. NAME Glorge Gurner  14. BIRTHPLACE (city or town)  15. State of country of the country of th	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
1	What tast confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Sinusoul Pice (Address) Dickers on mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL MICHELISTON	Manner of injury
Place PUOLES LYANT A Date 5// 1988	Nature of injury
19. UNDERTAKER Hillow, M. 18. (Address)	24. Was disease er injury in any way related to occupation of deceased? 225
20. FILED Mcle. 1, 1933 mos C.C. Hillow.	(Signed) J. Merchs M. (Address) M. C. M. C

CTATE OF MADVI AND -CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	PIGE
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUREAU V. S. R			
Other contributory causes of importance:		Other contributory causes of importance:	FEIRE
Gallstones	May 1,1923	Gastrocnteritis	1 year

MARGIN RESERVED FOR BINDING

A PERMANENT RE stated EXACTLY.

AGE should be

state

PHYSICIANS should

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.—WRITE PLA

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01864
1. PLACE OF DEATH	<u>@</u>
County Monlagemeny	Registration Dist. No. 213
Village or City plan Street falls	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillborn I Su	neh
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male white Still vorse	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, Jhat Lattendad deceased from
(or) WIFE of	19 to 26, 20 ,183
6. DATE OF BIRTH (month, day, and year) Flywary 20 1933	I last saw h; daath is seid
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the dete stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEFPER, atc.	(8f.01)
4 19 Industry or business in which	Lymvour)
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate decaased last worked at this occupation (month and year)	Other Coutributary Causes of importance:
12. BIRTHPLACE (city or town)	Other Coursonary Causes of Importance;
(State or country)	
13. NAME Joshua Tynch  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Thelma See Gooding	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Therman See Syrich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 40 01 0	Manner of injury
Place plan Treat fallone Ich. 21, 1933	Nature of injury
19. UNDERTAKER Joshua June L	24. Was disages or injury in any way related to occupation of deceased?
(Address) / Solfredda it G	if so, specify Al Al
20. FILED 7/21, 19.33 Mrs. W.J. Visel Registrar.	(Signed) M. D. (Address) M. D.
Acguirar.	(nuuros)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the oeeupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1, 1311

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state RD. Every item of infor-

properly classified. Exact statement of OCCUPA-

N. B.—WRITE PLAINLY, WIT

STATE C	OF	MARYLAN	D-CERTIF	ICATE	OF	DEATH
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()	I	0	O	0

County Willage or City Debutt of No. St. Ward Length of residence in city or town where death occurred yet and sold the country of the secured in a horpital or institution, give its NAME instead of states and number) Length of residence in city or town where death occurred yet and sold the secured in a horpital or institution, give its NAME instead of states and number) Length of residence in city or town and State was death occurred in a horpital or institution, give its NAME instead of states and number)  2. FULL NAME  (a) Residence: No.  (Usual place of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SNOLE MARKED, WINOWED, ON BURGLESS from One of the States of the Sta	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where death occurred.  4. How long in U.S. It of foreign birth?  4. Residence: No.  (It death occurred in a hospital or institution, give in NAME. instead of statest and number)  4. Manual Color of the c	County Montgomery	Registration Dist. No. 2/3
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SKE MEDICAL CERTIFICATE OF DEATH  21. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, protestin, or, particular  9. Analysis  9. Analy	Village or City Danwood	
2. FULL NAME  (a) Residence: No.  (Usual place of shook)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVERSENT (STATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVERSENT (STATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVERSENT (STATE OF DEATH  3. SINGLE, MARKED, WIDOWED, OR DIVERSENT (STATE OF DEATH  3. THE REBY CERTIFY, That I attended deceased from the Value stated above, at the sent of the value stated above, at the		
(a) Residence: No.  (Usual place of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVERSITY (Boy and State)  Date of DEATH  21. DATE OF DEATH  22. 1 HEREBY CERTIFY, That I altended deceased from (Or) WHE of Convinced (Or) What the Confirmed diagnosis?  What the confirmed (Or) What the converse of import	Length of residence in city of town where death occurredyrsmos.	os. now long in 0.5.11 of foleign distin?yrsmosos.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED. OR DIVISORED Layor the word)  6. DATE OF DEATH  22. I HE REBY CERTIFY. That I attended deceased from the date stated above, and the second of the secon	2. FULL NAME Stillborn	ragher.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWA  OR DIVISORED WORD  OR DIVISORED WORD  OR DIVISORED WORD  OR DIVISORED WORD  SALE OF DEATH  (Month)  100  100  100  100  100  100  100  1		
3. SEX  4. COLOR OR RACE  OR DYSORED Complete word)  59. If married, vidowed, or divorced HUSBARD of (c) WITE of (		
Sa. If married, wickowed, or divorced HISSAND (Day)  Sa. If set in the profession of particular and the late stated above, at the profession of particular late of the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the profession of particular late of the late stated above, at the late of late of the late stated above, at the late of l		
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than 1 day)  Anno or. min.  8. Trade, profession, or particular Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business in which Work was done, as SIRN MELL, SAWYER, BOOKKEPER, etc.  1 Industry or business of importance  Other Couribusery Causes of importance:  What test confirmed diagnosis?  Was there an autopay?  23. If death was due to external causes (VIOLENCE), fill in also the following:  Accident, suicide, or homicide?  Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BIRTHPLACE (city or town)  Call of the Couribusery Causes of importance  What test confirmed diagnosis?  Was there an autopay?  23. If death was due to external causes (VIOLENCE), fill in also the following:  Accident, suicide, or homicide?  Other Couribusery  What test confirmed diagnosis?  Was there an autopay?  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  If so, specify	7 W OR DIVERED (Griff the word)	Feb. 11 1932
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If UESS than 1 day  If Agy  If PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Date	HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
TAGE Vears Months  1 day hrs. 1 d	(VI) WIFE UI	1. A. D. A. S. Feb. 11. 1933
State or country    Stat	6. DATE OF BIRTH (month, day, and year) + elvel ar, 11 193	I last saw h Cr. aire of CC 19 ; death is seld
8. Trade, profession, or particular Hand of work dome as SPINNER, SANVER, BOOKKERPER, oc. 1. Industry or business in which work was dome as SI which secupation  Other Coatributory Causes of importance:  Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addiess)  19. UNDERTAKER  (Addiess)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.		to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SILK MILL,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry or business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry of business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry of business in which work was done, as SPINNER,  SAWYER, BOOKKEPPER, etc.  1. Industry of business of importance:  Other Coatributory Causes of imp		tuasa an fallaura:
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Country  Other Coatributory Causes of importance:  Other Coatributory Causes	8. Trade, profession, or particular	f. f. f. f. f. f. f.
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Country  Other Coatributory Causes of importance:  Other Coatributory Causes	SAWYER, BOOKKEEPER, etc.	X Typf J
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Country  Other Coatributory Causes of importance:  Other Coatributory Causes	A Industry or business in which work was done, as SILK MILL,	( Whorey
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Country  Other Coatributory Causes of importance:  Other Coatributory Causes	SAW MILL, BANK, etc	
Other Coatribatory Causes of importance:  Other Causes of ingoriance:  Other Causes of ingoriance:  Other Causes of ingoriance:  Other Causes of	- this becapation (month and spontin this	
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED & - 12. 1933  21. If so, specify  Manue of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Capecify or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.	9 /	Other Contributory Causes of importance:
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17. INFORMANT		
17. INFORMANT	I 13. MAIDEN HAME Part Jours	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Place  Date  Place  Lavalt  Lavalt  Manner of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  20. FILED & - 12 1933 Press 24. The self (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Sample of injury in June Place Pla	16. BIRTHPLACE (city or town)	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Deriver of Date Feb. 12. 1933  Nature of injury  Nature of injury  19. UNDERTAKER Larratt Dim Manner of injury  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  Manner of injury  (Signed)	0.00.00	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL  Place Detroited Date Feb., 12., 1933  Nature of injury.  19. UNDERTAKER Larnell Dim Manufelso (Addiess)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  20. FILED & - 12., 1933  Manner of injury.  Nature of injury.  (Signed)  Manner of injury.  Nature of injury.  Nature of injury.  (Signed)  Manner of injury.  Nature of injury.  (Signed)  Manner of injury.  (Signed)  Manner of injury.  Nature of injury.  (Signed)  Manner of injury.  Nature of injury.  Manner of injury.  Nature of injury.  (Signed)  Manner of injury.  Manner of injury.  Nature of injury.  (Signed)  Manner of injury.  Manner of injury.  Nature of injury.  Manner of injury.  Manner of injury.  Nature of injury.  Manner of injury.  Nature of injury.  Manner of injury.  Nature of injury.  Manner of injury.  M		specify whether injury occurred in INDUSTRY, in HOME, or in Public PLACE.
Place Derwood Date Feb., 12., 1933  Nature of injury  19. UNDERTAKER Garnell Dim Mankleso (Addiess)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.		Manner of injury
19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  20. UNDERTAKER Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  21. Undertaker Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  22. Undertaker Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  23. Undertaker Garnell Jon Manches 24. Was disease or injury in any way related to occupation of deceased?  24. Undertaker Garnell Jon Manches 24. Was disease or injury in any way related to occupation of decea	0 - 1 0 1 5	
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20. FILED 2 - 12 1933 nus 247. Pract (Signed) If I tolking M.D.		
20. FILED - 12 , 1955	X CONTROL OF THE PROPERTY OF T	4111
	20. FILED & - 12 , 1933 Mis. N. 1. Registrar.	(Address) Radonald

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.--Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation. 9.-The industry or business in which the work was done.

11.-The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. Emd In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," cte.

In stating the industry or dusiness, avoid the use of such general terms as "store," "factory," "mill," etc. State

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, methe particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication niede of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

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ther contributory causes of importance:	<u>.</u>	Other contributory causes of importance:	
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hronic inlevelling nephrilis erebral hemorrhage	1261	Kun over bij street oar Peritonitis	obv yəən I
rteriosclerosis	2161	Anack of epilepsy	०६० भुग्गा I
he principal cause of death and related causes importance were as follows:	ferno to etsal	The principal cause of death and related causes of importance were as follows:	bate of onset
Example 1		Example II	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

of

statement

20

1PLACE OF DEATH	
County Montgomery	
4409 stanford St. Village or City Chery Chase (No. 44	
	109
2FULL NAME Lo Elie Virginia Ens	07
PERSONAL AND STATISTICAL PARTICULARS	
Temale White Stronger Wadower (Write the word)	16
6 DATE OF BIRTH	1
July 27, 186 (Month) (Day) (Year	th
7 AGE III LESS th	
71 yre. 6 mos. 17 ds. or mi	200
(a) Trade, profession or particular kind of work	****
9 BIRTHPLACE (State or country) Balls, Ind.	
10 NAME OF John Ensor	(S
OF FATHER (State or country)	1
of MOTHER Ruth Duncan	18
13 BIRTHPLACE OF MOTHER (State or country)  Md.	At ef
(Informant) Mrs. Butha McD. Carroll	if Fo
(Address) 4409, Stanford St Chery Char	1 /0
15 Filed 2-14-1938 Planes K. Darens	20

Registre

If more benks are needed, addrose State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 216

Ward)
(If deeth occurred in a hospital or institution, give its NAME instead of street and

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febry, 13, 1933
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
Jely 9 1933 10 Jely 13 , 1923,
that I last sew her alive on Dely 13 , 1933
and that death occured on the date stated above, et 130 Pm.
The CAUSE OF DEATH * was as follows:
anlolus Landina
(n)
(Duretion) yrs m>s ds.
Contributory Ellaustun
(Duretion) yrs. mos ds.
(Signed) M.D.
July 13 1923 (Address) 4800-8-55mm
( *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At plece In the State yrs ds. ds.
Where was disease contracted, if not at place of death?
Former er usuel residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Baltimore Mid, Tely 15, 1933
Clyde J. Nichols Work No.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise are taborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the sary to know Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cupation is very important, so that the relative health should be used only when needed. As examples: (o) nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (rewhatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (a) the kind of work and also (b) the Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroyand fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor gneumonia. Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Hacnorrhage, "Shock" atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., et unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing (secondary or intercurrent) tetanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "PUERPERAL septicaemia," "PUERPERAL paritonitis," American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, resulting from childbirth or miscarriage by Committee on Nomenclature cough; Chronic etc. affection need valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully Supplied. AGE should be stated EXACTLY. PHYSICIANS should state ORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WID

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	W 01867
County Moulgrueny	Registration Dist. No. 223
Village or City Lakowa Vank mid	No. Wash San & Mags- St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Elisabeth Jean ho	contynien
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aurile the word)	21. DATE OF DEATH Jely 17.6 (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hibman 12, 1933	I last saw h. Ev alive on Jerry 17 . 1933 : death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // 4 8 m.
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc.	Primature surface
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 40. Oate deceased lest worked at this occupation (month and	Installed tralmetine
O Oate deceased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city of town) Takoma Park Mix -	Other Contributory Causes of Importance:
(State or country)	Viny Ling. I Perble-
13. NAME Thomas Mongameny 14. BIRTHPLACE (city or town) Okalohoma	
14. BIRTHPLACE (city or town) ORMONOMA -	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ada Man Prall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) New Yrrey (State or country)	Accident, sulcide, or homicide?
Of man himitague .	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ashington, lautarum Ruan	Specify whether injury occurred in INOÚSTRY, in HOME, or In PÚBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL George bashinglow	Manner of injury
Place y facile to the Date of furfiller	Nature of injury
19. UNDERTAKER Thomas Moulannery (Address) Tailer of endel	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDIELD. 18, 19.3.3 No. C. Rogues Registrar.	(Signed) a aurella Christian Jakoma Pal
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY PHYSICIAN
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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND	CERTIFICATE OF DEATH 111868
1. PLACE OF DEATH	93-€)
County Monda & marry	Registration Dist. No. 2/3
Village or City Acarelle	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
11 -2	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Tettlam O / Horga	M.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH HAR
Male while married.	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mary S. Morgan.	Heb. 1 19330 His. 1 198
6. DATE OF BIRTH (month, day, and year) 15 1 1918 61	Hast saw h selive on Heb 1 19 3 Heath is sein
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 130Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute delatation of heart For
A Nade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years) this occupation (month and this programme) the same of	mon
work was done, as SILK MILL ALD USELES SAW MILL, BANK, etc. 11. Total time (years)	Chronice myocardition Duration 5 years. before
- 11 this secondation (months and	aws or deal
yeer) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Mary Cond	asterioselesono 7
	my ocardetes "
I 13. NAME Mordicas Morphi	J
14. BIRTHPLACE (city or town) 11. M.	Name of operation Place Date of
(State of Country)	What test confirmed diegnosis? Was there an eutopsyl
15. MAIDEN NAME DEPAINE VAND.	23. If death was due to external causes VIOLENCE) fill In also the following:
16. BIRTHPLACE city or town	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANUELLA MATTER SAME SAME	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 408 K DEWERT ST. C.H. C.M.	
Place II Mary blenelier Dele It 3, 1933	Manner of Injury
MI IAD	Nature of injury
19. UNDERTAKER STATEMENT STATEMENT STATEMENT	24. Was disease or Injury in any way related to occupation of decaased?
(Address) Or finally Main History	If so, specify
20. FILED /3 , 1933 Mrs. W.J. Pract	(Signed) A Continue M. D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: 12 8 11 81 of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis 3 days ago July 5, 1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 214

O. Fidge Civest: Ward)

a hospital or institution, give Its NAME instead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH - 24 - , 1933
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
	2-17-1933.102-74-193,
Ī	that I last saw himalive on 2- 24- 1972
	and that death occurred on the date stated above, at 4
	The CAUSE OF DEATH * was as follows:
	John Segmention of Theres
	Journ segmentant free 17
	(Duration)yrsmosds,
	Contributory Secondary
	(Duration) yrs. mos ds.
	(Signed) M. D.
	2-84-1933 (Address) 8224 Elizabeth
	*State the Lisease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents) At place In the
	of death
•	Where was disesse contracted, if nor at place of dea.h?
	Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Washington 9 ( 2/24 ,,33
•	20 UN DERTAKER ADDRESS
	This & Suger 1011-1st mile

If more b.anks are needed, address tace Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus a Funner (reor given up on account of the DISEASE CAUSING DEATH. housemuid, etc. If the occupation has been changed g ged in domestic service for wages, as Strum Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planler, sicium, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> causing "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stited unless important. use of "Tumor" for malignant neoplasms); Mcastes; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicidc. The n-ture of the injury; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death (danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered In detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Address)

If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred as follows:  Other Contributory Gases of Importance:  What test confirmed diagnosis?  What test confirmed diagnosis?  What test confirmed diagnosis?  Where did injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way related to occupation of deceased?  (Signed)  (Address)		
Olf death occurred in a horpital or institution, give its NAME instead of street and number?  os. ds. How long in U.S. if of foreign birth?		Registration Dist. No. 2/4
dischable occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U. S. if of foreign birth?		" - Lawaith
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred	-	death occurred in a hospital or institution, give its NAME instead of street and number)
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. DATE OF DEATH  25. DATE OF DEATH  26. DATE  27. DATE OF DEATH  27. DATE OF DEATH  28. DATE  19.33 (Vear)  19.33 (death is seld to have occurred on the date stated above, at	os.	ds. How long In U. S. if of foreign birth?yrsmosds.
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. DATE OF DEATH  25. DATE OF DEATH  26. DATE  27. DATE OF DEATH  27. DATE OF DEATH  28. DATE  19.33 (Vear)  19.33 (death is seld to have occurred on the date stated above, at		
MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  22. DATE OF DEATH  23. DATE OF DEATH  24. DATE OF DEATH  25. DATE OF DEATH  26. DATE  27. DATE OF DEATH  27. DATE OF DEATH  28. DATE  19.33 (Vear)  19.33 (death is seld to have occurred on the date stated above, at	u	ASUNG WEST.
21. DATE OF DEATH  22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred on the date stated above, at 1933; death is seld to have occurred as follows:  Other Contributory Chaece of Importance:  What test confirmed diagnosis? International Contributory Chaece of Importance:  What test confirmed diagnosis? International Contributory Chaece of Injury.  23. If death was due to external cadses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury.  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of injury.  Nature of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Signed) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Address) Monance of injury in any way related to occupation of deceased? Monance of injury.  (Address) Monance of injury in any way related to occupation of deceased? Monance of injury in any way related to occupation of deceased? Monance of injury in any way related to occupation of deceased? Monance		If nonresident give city or town and State
22. I HEREBY CERTIFY, That I attended deceased from 1933 to 1933; death is seld to have occurred on the date stated above, at 5 mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of Importance:  What test confirmed diagnosis?  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Natu		
I HEREBY CERTIFY. That I attended deceased from July 1933 to 1933; death is seld to have occurred on the date stated above, at 5 m. 1933; death is seld to have occurred on the date stated above, at 5 m. 5. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Contributory Causes of Importance:  What test confirmed diagnosis? July 100 ENCE) fill In also the following:  Accident, suicide, or homicide? Specify city or town, county and State)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  (Specify (Signed) M. 0 (Address) 8.32 - Kalanama Road		21. DATE OF DEATH
I last saw heap alive on February 1933 to February 1933; death is seld to have occurred on the date stated above, at Self and related causes of importance were as follows:  Other Contributory General Importance:  Other Contributory General Importance:  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  (Signed)  (Address) 8.32. Accident of deceased?  M. O. (Address) 8.32. Accident of Accident of M. O. (Address) 8.32. Accident of M. O	-	(Month) (Day) (Year)
I last saw h a alive on for fining alive on for head of the date stated above, at for have occurred on the date stated above, at for have occurred on the date stated above, at for have occurred on the date stated above, at for his possible were as follows:    Date of one of the contributory of the sea of importance of importance of the contributory of the sea of importance of the contributor of the sea of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.    Manner of injury   Manuary of the contributor of the con		The state of the s
to have occurred on the date stated above, at	-	1933 to 7 lb. 1633
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Other Contributory Cases of Importance:  Other Contributory Cases of Importance:  Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  Specify city or town, county and State)  Where of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) - 8.32 - Address - 8.32 - Addre		I last saw h 4 alive on 74 4. 13. 19.33; death is said
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Other Contributory Consessor Importance:  A Contributory Contr		Have by Caround
Name of operation.  What test confirmed diagnosis?  Accident, suicide, or homicide?  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address) / 8 3 2		with allatation 3ch. 15
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What test confirmed diagnosis?  23. If death was due to external cases (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Shecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address) / 8. 3. 2. / Addorsance		Tustulus on and
What test confirmed diagnosis?  23. If death was due to external cases (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Shecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address) / 8. 3. 2. / Addorsance		from lutus - Ty. 1 to
What test confirmed diagnosis?  23. If death was due to external cases (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Shecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Address) / 8. 3. 2. / Addorsance		- Jab-16.
23. If death was due to external cases (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?		
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Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)  (Address)  M. O (Address)		
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Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) 18.32 - Kalonama Road  (Address) 18.32 - Kalonama Road	,,	(Specify city or town county and State)
Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) /8 32 / Kalonama Road  (Address) /8 32 / Kalonama Road		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address) /8 32 / Kalonama Road  (Address) /8 32 / Kalonama Road	_	Manage of Information
24. Was disease or injury in any way related to occupation of deceased? No. 1	3	
(Signed) A Salasall M. O. (Address) 1832 - Kalorama Road	_	
(Signed) To Supple all M. O. (Address) 1832 - Kalonama Road		
(Address 1832 - Kalorama Road		4 1 1 1 1 4 4 2 4 1 1
		1/103 A N. 1
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If more blanks are needed, address State Registra

Registrar.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Ohlan cartallaria			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

B.

STATE OF	MARYL	AND-	CERTIFIC	CATE	OF	DEA	ATH
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1. PLACE OF DEATH.	U1870
Montg Co	Registration Dist. No. 211
Village or City Clarksburg Md  Length of residence In city or town where death occurred by Purdum  Sarah Libbaloth Purdum  2. FULL NAME	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Clarksburg Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Pemale 4. COLOR OF RACE OR DIVORCED (write the word) Widow	21. DATE OF DEATH Feb I2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June 5th 1856	22. I HEREBY CERTIFY, That I attended deceased from  1928 19 10 3th 12 1933  Hast saw here alive on February 11 1933 death is said
6. DATE OF BtRTH (month, day, and year)           7. AGE         Years         Months         Days         If LESS than 1 day,hrs. orhrs. ormin.	to have occurred on the dete stated above, at 6 Arn m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL. House Work  SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month end spent in this	Cuchial hermatings 2-3-33
year) occupation  12. BIRTHPLACE (city or town) Maryland (State or country) Montg  2 12 NAME Gal 26 Lewis	Other Contributory Causes of Importance:
13. NAME Cale Idewis  Md  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ascenith King 16. BIRTHPLACE (city or town) Md (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs Elwood Barr (Address) Clapkaburg Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. Burial, CREMATION, OR REMOVAL Cemetary. Feb I4th3 Place Browningsville ,19	Menner of injury
19. UNDERTAKER Ernest C Gartner (Addiess) Gaithersburg Md	24. Was disease or injury in any way related to occupation of deceesed?  If so, specify  (Signed)  The state of the state
20. FILED Feb 14, 1935 The E Lacros.  Registrar.  If more blanks are needed, address State Registrar.	(Address) Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
26 0						

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of atreet and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in city or town where 2. FULL NAME If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX-4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH BINDING 5a, If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS then 1 dev.\_\_\_\_hrs. ---- min. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION RESERVED may 9/Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc.. 10. Date deceased last worked at this occupation (menth and 11. Total time (yeers) spent in this occupation \_\_\_\_\_\_\_ (State or country) plain terms. FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) \_\_\_\_\_ (Stete or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE 17. INFORMANT (Address) Manner of injury CAUSE TION 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify Tras Eaching 1

Date of enset

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
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		(CBAIE 3 E P	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

And the second s

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

1		CERTIFICATE OF DEATH 01872
. 1	L PLACE OF DEATH	92-0
	County Managomery	Registration Dist. No. 2/3
	Village or City J taluelals 1	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	
1	P. FULL NAME ALLEY	Vian let 1
11	(a) Residence: No. Same	S. Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	rucale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Breary 19 193 3 (Yaar)
1.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of Janus Ed. Pauky	1 HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH (month, day, and year) QC 32-1908	Nest saw h 22 aliver on Helf. 18 1933 death is said
_	AGE Years   Months   Oays   If LESS than	to have occurred on the data stated above, at
	24 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
z	8. Trada, profession, or particular	Suracete bacterial enlocantes
15	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	(stuftococcus visidams) 1931
JPA.	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chronic rheumater lando - about
OCCUPATION	10. Data daceased last worked at this occupation (month and year)	and myocarditis - 1926
	) (414)	Other Contributory Causes of importanca:
12.	BIRTHPLACE (city or town) (State or country)	
ER	13. NAME Class. J. Frees	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Data of
F	(Stata or country) Original	What tast confirmed diagnosis the fearther Was there an autopsy!
ER	15. MAIDEN NAME Loilir Long	23. if death was due to extarnal causes (VIDLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Data of injury
Σ	(Stata or country)	Where did injury occur?
D	(Addrass) Flavelah	(Specify city or town, county and State)  Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8.	BURIAL, CREMATION, OR REMOVAL OF	Manner of injury
	Place Duville - Va Oate Viet 22, 1933	Nature of injury
19.	UNDERTAKER WM. Frubry Vimfoluty (Address) Rockville Mc	24. Was disaasa or injury in any way raiated to occupation of daceased?
20.	FILED 2/20 ,1939 My 4. J. Prase Registrar.	(Signed) M. D. (Addrass) Northwest M. D.
	If more blanks are needed address State Registrar	24.1 N Charles Street Relaimons Passesters 71 S No. 2

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
PREPART V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH (11873)
1. PLACE OF	EATH			93-0
County	enelgoner	4		Registration Dist. No. 214
Village or City_	Silver	Sprin	Y	No 8116-Coleavelle Road of War
Length of recidence	e in city or town where o	teath occurred	/ yrs 4 (1	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
2. FULL NAME	600.	P:	- dans	t state of the sta
	6011 -1		. B.	
(a) Residence:	No. 6 / /6	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL	AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (prize the word)  Wedowed			D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, of HUSBAND of (or) WIFE of	Bartholon	ww Re	ordan	22.   HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (mon	th, day, and year)	/		I last saw h.S.Y. alive on Jeb - 7, 19-33; death is sai
7. AGE Years	Months	Days	It LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \$\frac{1}{2} \in O \infty m.\$  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. frade, profession kind of work SAWYER, BOU 9. Industry or busin work was don SAW MILL, B. 10. Date deceased la	or particular done, es SPINNER, OKKEEPER, etc.	House	nk.	Myrcardite, chronic Date of once
9. Industry or busin	ess in which e, as SILK MILL, ANK, etc			
10. Date deceased la	st worked at	11. Total ti	ime (years) ntin this	
this occupation	n (month and	sper	ntin this upation	
12. BIRTHPLACE (city or (State or country)	town)	Inelas	ud	Other Contributory Causes of importance:
13. NAME	Menoren			
14. BIRTHPLACE (city	or town)			Name of operation Date of
(State or cour		A		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	marys	theeh	au.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city	or town)	21	0.	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or cou	nlry)	relan	u	Where did Injury occur? (Specify city or town, county and State)
I7. INFORMANT	1 y okes	rdan		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 18. BURIAL, CREMATION,	OR REMOVAL	mu (ev	e uso.	
Place W C	sh. Dle	Date Feb.	13 ,19 33	Manner of injury
19. UNOERTAKER (Address)	J. 7 Co	etille	5	24. Was disease or Injury in any way related to occupetion of deceased? It so, specify
20. FILED Jel- 10	,1933 3	E Weedl	my &	(Signed) Jones Keinely M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	31-0V
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		1
		a page and	100
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	14		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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214

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH (11874
1. PLACE OF DEATH	
County Montgonly	Registration Dist. No. 223
Village or City Lakefrica Valk M	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?dsds.
2. FULL NAME Infant Schil	12
(a) Residence: No. 727 Emerson St. (Usual place of abode)	St., 4. W. Ward. Washington DC.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Feb. 2/ 193  (Month) (Oav) (Year)
5a. IT married, widowed, or divorced HUSBAND of (or) WIFE-ot	22. I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Jeb. 21 1933	I last saw have alive on Born dead 19 death is seld
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 8 2 a.m.
Stillbarn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Monstrosity
SAWYER, BOOKKEEPER, etc	Loudrocepholuse
SAW MILL, BANK, etc	Spina Bifida
year) occupetion  12. BIRTHPLACE (city or town) Takama Park May	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Harald L. Schily	
14. BIRTHPLACE (city or town) Mulleken, Mich. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Frances E. Patter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Zillage, Va. (Stete or country)	Accident, suicida, or homlolde? Data of Injury, 19
17. INFORMANT Law. Resards.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate , 19	Neture of Injury
19 UNDERTAKER Washington Samfarum	24. Was disease or injury in any way raleted to occupation of dacaasad?.
20. FILEO / Leb. 23, 19 33 & E. Rogers	(Signed) Course of Patterson M.D.
( Registrar.	(Address) a prova Parks Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related or of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GRAIBOS	19-X
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH CINFADING INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

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No.	
S. J	
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1. PLACE OF DEATH	W 01013
County //ans gamery	Registration Dist. No. 22-3
Village or City Takemal Lank	No. 100 - Oldan Use St., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 - Jrs	moreds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME vy Sygnight &	hade
(a) Residence: No. //06- UMan (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the will be seen the second of	
(or) WIFE of E. Clyde Shade	22. I HEREBY CERTIFY, That I attended deceased to two. 72, 1930, to 7 cl., 21, 193
5. DATE OF BIRTH (month, day, and year) Jane. 27 18	76   I last saw h Lev alive on 7 . 21 ,1933 ; deeth is
AGE Years Month Days If LESS	than to have occurred on the date stated above, at 9:10 m.
57 0 23 1 day,	
8. Trade, profession, or perticuler kind of work done, es SPINNER,	Caremon of
SAWYER, BOOKKEEPER, etc// 9. Industry or business In which work was done, es SILK MILL,	Thyrund gland
SAW MILL, BANK, etc	Agoragous-celle saccino mas Seve 67.
	Coursony in repear and of or softwayer
0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Daniel W. Sarriott	
13. NAME Daniel W. Sauriott  14. BIRTHPLACE (city or town) (State or country)  M. A.	Name of oporetion. gastruttong. Oats of Fub. 11 What test confirmed diagnosis? Falconating. Was there an autopsy?
15. MAIDEN NAME Serie Overstreet  16. BIRTHPLACE (city or town)  (State propagator)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT All. C. O. Stydl Shalle. (Address) 100-6 edak all.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ladus own My Oate Two k 2, 19	) 33 Neture of injury
19. UNDERTAKER THE STATEMENT OF COMMENTAL STATEMENT OF COMMENTAL STATEMENT OF COMMENTS OF	24. Was disease or injury in any way related to occupation of deceased?
2/21 -3/ 1/2/	If so, specify (Signed) (Signed)
20. FILED 1939 Regist	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:	13	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ESIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01876
1. PLACE OF DEATH	900
County Mondgomery	Registration Dist. No. 2//
Village or City M. Dampeseus	No. St. Ward
	death accurred in a hospital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
2. FULL NAME/ Cassian award She	ckels_
(a) Residence: No. Nr. Damaseus TMA (Usual place of abbde)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Hely, /2 1993 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of Colothe May Sheekels  (or) WIFE of	22. HEREBY CERTIFY That t attended daceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin.	I last saw N alive on Alive on 1930; death Is said to have occurred on the date stated above, at 2 a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Date of onnet (Death - rather sudden)
12. BIRTHPLACE (city or town) no. Danishers  (State or country)	Other Contributory Causes of importance:  Literia Schrosis underson to me
13. NAME MM. Dlandwy Sheckels  14. BIRTHPLACE (city or town) M. Dahnasyus  (State or country)	Name of operation Date of
15. MAIDEN NAME Cashel Jun Shickels  16. BIRTHPLACE (city or town) Mr. Seden Love (State or country)  17. INFORMANT Mrs. Edithe M. Shickels	What test confirmed diagnosis?
18. BURIAL, GREMATION, OR REMOVAL  Place Temporal Come Date Feb. 14, 1933	Manner of injury
19. UNDERTAKER Roy H. Barber (Address) H. Daytonsville Md	24. Was diseasa or injury in any way related to occupation of deceased? 120  If so, specify 7
20. FILED Tel. 14, 1938 Della V. Burdette	(Signed) Lenge M. Dayer M. D.  (Ardress) Dayna Male M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	و دم دم
1. PLACE O	F DEATH			<u> </u>	366
County	lontgomery	<i>L</i>		Registration Dist. No. 21	4
	city Colesvil			NoSt.,	Ward
Langth of ras	idence in city or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foralgn birth?	
2. FULL NA	-		neburn		
(a) Resider	2	5.11 (/a N	Ad	St. Ward.	
(a) Resider	ice. No	(Usual place of	of abode)	If nonresident give city or town and S	State
	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR OR RACE White	S. SINGLE, MARK OR DIVORCED	(write tha word)	21. DATE OF DEATH  (Month) (Day)	193 (Yaar)
5a. If married, widov HUSBANO of (or) WIFE of	Gartrude	D. Stone	eburner	22. I HEREBY CERTIFY, That i attended d	eceased from
6. DATE OF BIRTH	(month, day, and yaar)	ug. 11-1	860	I last saw hair alive on Feb. 16 ,1933	; death is said
7. AGE Yes	2 Months	Days 5	If LESS than 1 day,hrs. ormin.	to have occurred on tha data stated abova, atm.  The PRINCIPAL CAUSE OF DEATH and raiatad causas of importance were as follows:	Date of onset
SAWYER SAW MII	ssion, or particular work done, as SPINNER, , BOOKKEEPER, atc businass in which s done, as SILK MILL, LL, BANK, etc	Farms		aut dilitation of heart.	416/3
- 1 1113 0000	ed last worked at pation (month and	11. Total tir spen occu	ma (years) t in this pation	Othar Contributory Causes of importance;	
12. BIRTHPLACE (ci (State or cou		inia		Prostatili	1930
13. NAME	Sam. T. Sto	neburn	er		
14. BIRTHPLACE				Name of operation	
(Stata of	country) III			What test confirmed diagnosis?	topsy? . No
15. MAIDEN NA  16. BIRTHPLACE  (State or	(city or town)	V. Nixe	200	23. if daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?	, 19
17. INFORMANT _ C (Address)	Colesvill	Stone bu	irner	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
Placa	Hass Jalin	Date Tel.	19,1933	Manner of injury	
19. UNDERTAKER(Addrass)	Warranto Rockille	md hre	7	24. Was disease or Injury in any way related to occupation of deceased?	Vo
20. FILED 2/18/	33,19 56.	Landeny With	Registrar.	(Signed) Hazur Ave	M. D.
	If more	blanks are needed an	Idress State Registrar	2411 N Charles Street Baltimore & Pousage 71 S No . D.	14 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TO KILL OF THE PARTY OF THE PAR	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FU	URTHER ST	'ATEMENTS	BY	PHYSICIAN
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	And the second
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PHYSICIANS should state

stated EXACTLY.

properly classified.

be of

CAUSE OF DEATH in plain terms, so that it may

ant.

TION is very

20. FILED.

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

AGE should be

certificate.

See instructions on back

item of infor-

of OCCUPA-

Exact statement

		STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	378
1.	PLACE OF	F DEATH			<u> </u>	
	County	montg			Registration Dist. No. 2/2	
	Village or C	in marth	nshur	0	No	Ward
				/	death occurred in a hospital or institution, give its NAME instead of street and num	nber)
	Length of resi	idence in city or town where d	eath occurred	yrsmos.	ds. How long In U.S. it of foreign birth? yrs. mos.	ds.
2	FULL NA	ME Unnan	red, si	ulbo	ru Infant Thomas	
	(a) Residen	ce: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and St.	d odw
	PERSON	IAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	EX M	4. COLOR OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Ful 33	93 <b>3</b> (Year)
5a.	or) WIFE of	ved, or divorced		1	22. I HEREBY CERTIFY. That I attended dec	
.,,,,,,,,			1, 1		no payorare	., 19:
6. D	ATE OF BIRTH	(month, day, end year)	ich 2	2-1933	I last saw h alive of all alive of all alive of all alive of alive of all alive of all alive of alive	leath is said
7. A	GE Yea	ers Months	Days	If LESS than 1 dey, hrs.	to have occurred on the date steted above, at Dm.	31-5-0
	1	0	0	or O_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of paset
NO	kind of v	ssion, or particular work done, as SPINNER, BDOKKEEPER, etc.	non		still both	
OCCUPATION	4 Industry or	business in which s done, as SILK MILL, LL, BANK, etc				
220	Date deceas	ed last worked at petion (month and	1002	ime (years) nt in this Ipation		
•		mai	Time		Other Contributory Causes of importance:	mi 13
t 2.	Stete or cou		P. Th	Ty Ty	unfav wa	-16:4
04	13. NAME		7-0			
FATHER	13. NAME	in out	Tom			
FA	14. BIRTHPLACE	E (city or town)	in the	0	Name of operation	
		1	4		Whet test confirmed diegnosis? Was there an euto	opsy?
MOTHER	15. MAIDEN NA	IME Taray	X DU	eg	23. If death was due to external causes (VIOLENCE) fill in also the following:	-
0	16. BIRTHPLACE		1 9 0	//	Accident, suicide, or homicide? Dete of injury	, 19
-	(State or	r country)	100		Where did Injury occur? (Specify city or town, county and State)	
17.	(Address)	siehrson	BHA	val	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMAT	TION, DR REMOVAL	01-	6	Manner of injury	
	Place /	iarinsby	Poate 5/	3 1937	Nature of Injury	
19.	UNDERTAKER (Address)	Signer	Thy	mas &	24. Was disease or Injury In one way related to occupation of deceased?	
20.	FILED 3/2	3 1937	Eww	hil	(Signed) EW, White	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BURRAU V. 3. 1	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	11879
1. PLACE OF DEATH	93-0	10
County Mon Gomer,	Registration Dist. No. 2	10
Village or City Hunting Wiel	No St.,	Ward
(If Langth of rasidence in city or town whara daath occurredyrs	death occurred in a hospital or institution, give its NAME instead of street an	
$\mathcal{M}$	adell Ward	
(a) Residence: No.	St Ward.	
(Usua) place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE OR DIVORCED (water the word) Surger	21. DATE OF DEATH ful. 22  (Month) (Day)	, 193 3 (Yaar)
5a. It marriad, widowad, or divorcad //HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettanda	d daceased from
6. DATE OF BIRTH (month, day, and year) Villy 7- 1858	Past saw has elive on 44.214. 1933	, 19 3 3
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	to have occurred on the date stetad above, at 6.03 Am.	, udatii 15 5aiu
74 70 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 Trade profession or particular	Empole freumonia	Tela./1-/
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Premenay Embolus	74-17/2
A Industry or business in which work was dona, as SILK MILL, SAW, MILL, BANK, etc	arterial bolerous	1920
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (month and year)  Occupation  11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Other Cantributory Causes of importance:	1925
13. NAME & gratus V. Ward  14. BIRTHPLACE (cit) or town) maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Currently Was there a	n autopsy? Ma
15. MAIDEN NAME Dinabello Scan	23. If daath was due to external causes (VIOLENCE) fill in also the following	ing:
15. MAIDEN NAME Plyabelts V Stan  16. BIRTHPLACE (city or town) Thanks and Constant of the property of the pro	Accidant, suicida, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and S	tale)
17. INFORMANT / M. Turtos Ward (Addrass) To cheville med	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVALY.  Place Fully Date Feb 24 1933	Manner of Injury	
) A Date 1 Date	Natura of injury	102
19. UNDERTAKER COM. Future Timblury (Address) Fo aboille - Mid	24. Was disaase or injury in any way ralated to occupation of deceasad?  If so, spacify	no
20. FILED Fil. 23, 1933 Uplon W. nouse Registrar.	(Signad) Dawsowoods	Med M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE C	OF MARY	YLAND—	CERTIFICATE OF DEATH	01880
1. PLACE OF DEATH				01000
County Managem	pus		Registration Dist. No.	217
Village or City O Linear	-		Nothontgomeny lountry Jeneral to	to Special Word
Length of residence in city or town where	daeth occurred	(II)	death occurred in a horpital or institution, give its NAME instead of stree	et and number)
0 10	0 0	01.0	JA TO	
2. FULL NAME Tank ye	blass	W Uso	Mary de la company de la compa	
(a) Residence: No.	(Usual place of	C.E. J.	St., Ward.  If nonresident give city or tow	10
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
- 0 4.0 f	OR DIVORCED	(pwrite the word)	February 24	. 193 3
5a. If married widowed or divorced	sung		(Month) (Day)	(Year)
5a. If married, widowed, or divorced HU3BAND of (or) WIFE of	Tio 7		22. I HEREBY CERTIFY, That I att	ended deceesed from
			February 22, 19. 33, 10 Februar	124,1935
6. DATE OF BIRTH (month, dey, end year)	wv . 25	- 1931	I last saw h elive on + abruary 24 , 19	3.3; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date steted above, et 2:40.P.m.	
1 year 2	30	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:	Date of onset
8. Trede, profession, or particular		-		Date of one et
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc.  1 Date deceesed last worked at this occupation (month end			moningitie	2/21/3.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	******************************			/ //
SAW MILL, BANK, etc	11. Total tid	me (veers)		
this occupation (month end year)	11. Totai tii	tin this	•	
7.41	. )		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and	and	Janen of Bose of	1//-
	70350	A )	Aland.	2/21/35
E ON		veru	2	
4 14. BIRTHPLACE (city or town)	ma	Les Paul	The second secon	e of
	T.Y.	And a		re en autopsy?
H	04	SUM	23. If death was due to external causes (VIÓ ENCE) fill in elso the fol Accident, suicide, or homicide?	11.1
O 16. BIRTHPLACE (city or town) (Stete or country)	Care l		Where did injury occur?	72//, 19.3.3
20	3 7.1-0	)	(Specify city or town, county at	nd State)
17. INFORMANT (Address) Tulton		eson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Menner of injury accordental at him. It	alle B
Place Bustonanlle	Date 2/2	6 , 19.3 3	Neture of injury Tree & sturch form, In	
QD., 1 14	) - /	)	24. Was disease or injury in any wey related to occupation of decesses	22
19. UNDERTAKER (Address)	mary	0	If so, specify	101
2/2// 23	7000	Raha	(Signed)	
20. FILED. 21. 2. 4, 193.3.	MAURINI	Registrar,	(Address) Rando Sp.	22
	11 1 1 1 1		2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.	

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Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
1915	Attack of enilensy	
	of operation of	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		-
	July 5,1927	Other contributory causes of importance:

STATE OF	MARYL	AND-CERTIF	TICATE	OF	DEATH
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60-1	0	0	10
VI	0	O	1

1. PLACE OF DEATH		(8)	
County Moulgon	rly	Registration	Dist. No. 223
Village or City Lakorn	a Park	No. Wash Saux Hvz	Walu
Length of residence In city or town when		f death occurred in a hospital or institution, give its NAN sds. How long in U.S. if of foreign birth?	
	uarred -	let Wilson	
2. TOLL MAINE	anne C	your water	
(a) Residence: Np.	(Usual place of abode)	St., Ward.	nt give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICAT	
3. SEX 4. COLOR OR BACE White	S. SINGLE, MARRIED, WIDOWND, OR DIVORCED (WHITE THE WORD)	21. DATE OF DEATH July	17 12 1933
5a. If merried, widowed, or divorced	0	(Month)	(Day) (Year)
HUSBAND of Luge	l r	22. HEREBY CERTIF	Y, Thet I attended deceased from
	CT 2	Hest saw h were plive on Jeby 17	They 133, 1933
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months	February 17, 193.  Days If LESS than	The state of the s	19.73; death is seid
7. AGE 16815 MUILLIS	1 day,hrs.	to heve occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH end related cau	uses of importance
8. Trade, profession, or particular	or	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2	atelactasis -	
	noul -		
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc			************
	11. Total time (yeers) spent in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Man	yearea-	(Prolonged Lavo)	
	s m	-	
14. BIRTHPLACE (city or town) 7/10	cahing his De -		
14. BIRTHPLACE (city or town) (Stete or country)	carried in 10 C	Neme of operation	
	erquery -	What test confirmed diagnosis?	
	Marshy Llm da	23. If deeth was due to external ceuses (VIOLENCE)	
16. BIRTHPLACE (city or town)	Carre prog V 007 at 10	Accident, suicide, or homicide? Where did injury occur?	. Date of injury, 19
	le Qual		or town, county and State)
17. INFORMANT Washington	~ Sa or Hoop.	- Constitution injury occurred in HEDOSTRI, III	ome, or all tobelo tende.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Plece Washing to D.	Dete 2 - 18 - 1933	Nature of injury	
19. UNDERTAKER J. H. Her	us Co	24. Was disease or injury in any way releted to occu	upetion of deceased?
(Address) 2901-142	. N.W. Woole. D.C	if so, specify	/
20. FILED 7/18 1933 /	Raeva	(Signed) Laurelle C	Thes M.D.
	Registrar.	(Address) 125 Carroll a	ir Jakous Fack m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI	CIA	N
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1. PLACE OF DEATH	01882
County Montgomery	Registration Dist. No. 217
Village or City Montachany Country	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME male forther Marin	lf-
(a) Residence: No. Rodfwill R. H. (Usual place of abode)	St., Marid.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR BACE  S. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (wright the word)  Sengle	21. DATE OF DEATH Helswary 4, 193 3 (Month) (Day)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from  Heb. 4, 1933. to Heb. 4, 1933.
6. DATE OF BIRTH (month, day, and yeer) Heb. 4, 1933- 7. AGE Years Months Days II LESS than 1 day,hrs.	I last saw heaver alive on
8. Trade, profession, or particular kind ol work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this occupation (month and yeer)  11. total time (years) spent in this occupation	Stallbrith - Therefule about Data elonset at 2 /2 marths.
12. BIRTHPLACE (city or town) Olney, Mil.  (State or country)  13. NAME Dossey Might  14. BIRTHPLACE (city or town) Dragnassas	Other Contributory Causes of Importance:  Inother a funality (following the ) y a felicie deformably + 4th forganity in 3 years - Persuitains vormitating.  Name of operation
(State of country)	Whet test confirmed diagnosis? They was there an eutopsy? The
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Dorsey Hought	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place On Junior Date Feb 5, 1933	Manner of Injury
19. UNDERTAKER Falton (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Feb 4 , 1933 Cl3 asnaley. Registrar.	(Signed) A Lathreus M. D.  (Address) Zackwill, M.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	SCHILL COLUMN TO THE RESERVE OF THE SCHILL	
5	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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1	County Mondamers	Registration Dist. No. 2 //
		No. St., Ward leath occurred in a horpiteI or institution, give its NAME instead of street and number) ds. How long in U.S.If of foreign birth?yrsmosds.
1	2. FULL NAME TO Depline form  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
1_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	OR DIVORCED (write the word)	21. DATE OF DEATH Fiet. 15 1983 (Year)
5a.	(d) med from the forma	22   HEREBY CERTIFY, That I attended deceased from
	AGE Years Months Days If LESS than 1 day,hrs.	I last saw h alive on
ATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	were established he shirt to always with a cule walnut walnut always
IER OCCUPA	work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked et this occupetion (month end ) ae. 1932 spant in this year)  11. Totel time (years) spant in this occupation	accidentally Gell, on ice, fortweing
12.	BIRTHPLACE (city or town) W. Damaseus (State or country)	Other Contributory Causes of Importance: 1 2 mo a
FATHER	13. NAME Caleb Lewis  14. BIRTHPLACE (city or town) w. Damasus md.  (State or country)	Name of operation Dete of
œ	15 MAIDEN NAME COLORAL Paris	What test confirmed diagnosis? Was there an au opsy?
MOTHER	16. BIRTHPLACE (city or town) Mr. Damageus, (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17.	INFORMANT This I da Lewis (Address) Damaseus md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Damaseus Com Date Feb. 17, 1933	Manner of injury
19.	UNDERTAKER & Beall Inc.	24. Wes disease or injury in any way related to occupation of deceased? ho
20.	FILED. FILED. FILED. J. 19.33 Della W. Burdette Jehr. Registrar.	(Signed) Jenes M.D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year